

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: LOUISIANA

Citation

455.103.

44 FR 41644

1902(a)(38)

of the Act

P.L. 100-93

(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940

through 435.960

52 FR 5967

54 FR 8738

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>APR 25 1990</u>	
DATE APPV'D <u>MAY - 3 1990</u>	
DATE EFF <u>APR - 1 1990</u>	
HCFA 179 <u>90-13</u>	

TN No. 90-13
Supersedes
TN No. 89-22

Approval Date MAY - 3 1990

Effective Date APR - 1 1990

HCFA ID: 1010P/0012P